EOPM D

314302

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC	USE	ONLY	
Prefix				Serial
	DATE	REC	EIVEC	)
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		amendment and name	e has changed, and inc	dicate change.)		-		1	
Carlyle Realty Quali	ified Partners IV, L	P.				,			
F11 11 (61 11				N		.: 466			
Filing Under (Check I Type of Filing:	box(es) that apply):  New Filing	Rule 504 Amendment	Rule 505	Rule 506	∐ Se	ection 4(6)	ULOE		
			A. BASIC IDENTIF	ICATION DATA			·······		
1. Enter the inform	mation requested abo	out the issuer			<u></u>		<del></del>		
Name of Issuer (	check if this is an ar	mendment and name h	nas changed, and indic	ate change.)	<del>,</del>				
Carlyle Realty Quali									
Address of Executive	Offices (Numbe	er and Street, City, Star	te, Zip Code)	nington D.C. 20004		Telephone Nu (202) 729-56		ng Area Code)	
Address of Principal I		(Number and Street	, City, State, Zip Code	3)	1	Telephone Nu	ımber (İncludi	ng Area Code)	
Brief Description of	Business The inves			achieve significant ca al estate related assets		eciation and	l, where cons	istent with its	other
Type of Business Org	1,					- PO 19			
corporation		mited partnership, alre	andy formed	other (please spe	eciful:		PRAC	CESSE	3
= .	_	• •	•	other (please sp	cony).			ى دى الى الى الى الى الى الى الى الى الى ال	g .
business trust	li iir	nited partnership, to b				PU BUIL	<u>M</u> 600€	4 8 8002	
	i			ear	7		JUN	<b>EUUS</b> U <b>2</b>	ጽ
Actual or Estimated I		-			Actual	Estinat	eq S. C. No.		₩
Jurisdiction of Incorp	oration or Organizat	<b>\</b>				EMA	NCW THO	OMSON	6.0
	<u>.</u> 	CN:	for Canada; FN for ot	her foreign jurisdiction)	) DE	11_000	E IAI	ARICIAL	
GENERAL INSTRU	JCTIONS								
ederal:									
	:								
ho Must File: All issuer	rs making an offering	of securities in reliance	on an exemption under	Regulation D or Section	n 4(6), 17 CI	FR 230.501 et	seq. or 15 U.S.	C. 77d(6).	
Then to File: A notice mu SEC) on the earlier of the tates registered or certifie	date it is received by	the SEC at the address							
here to File: U.S. Secur	ities and Exchange Co	ommission, 450 Fifth S	treet, N.W., Washingto:	n, D.C. 20549.					
opies Required: Five (5) gned copy or bear typed		must be filed with the S	SEC, one of which must	be manually signed. Ar	ny copies no	t manually sig	ned must be pl	notocopies of the	manua
nformation Required: A requested in Part C, and an									ition
iling Fee: There is no fee	deral filing fee.								
tate:	!					_			
his notice shall be used to orm. Issuers relying on Us a precondition to the cla he Appendix to the notice	JLOE must file a separation of the exemption.	rate notice with the Sec , a fee in the proper ame	curities Administrator in ount shall accompany the	each state where sales a	are to be, or l	have been mad	le. If a state re	quires the payme	ent of a
	<u> </u> :				JUN 2	0 2005	30		
	1				THON	/iSON			
			ATTENIT	ION	FINAL		· ·		$\neg \neg$
	1		ATTENT	ION	0 62 A2 90				

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENI	IFICATION DATA		
2. Enter the information re	equested for the follow	ring:			
• Each promo	ter of the issuer, if the	issuer has been organized wi	thin the past five years;		
• Each benefi issuer;	cial owner having the	power to vote or dispose, or d	lirect the vote or disposition	of, 10% or more of	a class of equity securities of the
		r of corporate issuers and of o	corporate general and manag	ing partners of parti	nership issuers; and
Each genera	al and managing partne	er of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if The Carlyle Group	individual)				
Business or Residence Addres 1001 Pennsylvania Avenue,					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Carlyle Realty IV, L.P. (the		· · · · · · · · · · · · · · · · · · ·	/")		<u> </u>
Business or Residence Addres	`	, , , , , ,	Variable of a D C 20004		
c/o The Carlyle Group, 1001	Pennsylvania Avent	ie, N.W., Suite 220 South, V	vashington D.C. 20004		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Carlyle Realty IV GP, L.L.	,	ner of CR IV" or "CR IV G	P")		
Business or Residence Addres	ss (Number and Street,	, City, State, Zip Code)			
c/o The Carlyle Group, 1001	l Pennsylvania Avent	1e, N.W., Suite 220 South, V	Vashington D.C. 20004		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner*
Full Name (Last name first, if	individual)				
TC Group, LLC (the "Mana					
Business or Residence Address c/o The Carlyle Group, 1001	•		Vashington D.C. 20004		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner*
Full Name (Last name first, if TCG Holdings, LLC (the "N	*	TC Group" or "TCG Hold"	ings, LLC")		
Business or Residence Addres	ss (Number and Street,	, City, State, Zip Code)	·		
c/o The Carlyle Group, 1001	l Pennsylvania Avent	ie, N.W., Suite 220 South, V	Vashington D.C. 20004		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**
Full Name (Last name first, if Conway, William E. (of TC	,				
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)		2.0	
c/o The Carlyle Group, 100	l Pennsylvania Avenu	ue, N.W., Suite 220 South, V	Vashington D.C. 20004		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**
Full Name (Last name first, it	f individual)				
D'Aniello, Daniel A. (of TC					
Business or Residence Addre	,	, •, , •	Vashington D.C. 20004		
c/o The Carlyle Group, 1001	i rennsyivania Aveni	ue, IN. W., Suite 220 South, V	vasningwa D.C. 20004		
* Managing Member  ** Managing Director					
i	(Use blan	nk sheet, or copy and use add	itional copies of this sheet, a	s necessary.)	

	A. BASIC IDENT	IFICATION DATA						
2. Enter the information requested fo	r the following:							
• Each promoter of the is	ssuer, if the issuer has been organized wi	thin the past five years;						
*	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the							
issuer;		•	,	. ,				
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>								
Each general and mana	iging partner of partnership issuers.							
Check Box(es) that Apply: Pr	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**				
Full Name (Last name first, if individual Rubenstein, David M. (of TCG Holdin	,							
Business or Residence Address (Number c/o The Carlyle Group, 1001 Pennsylv		Vashington D.C. 20004						
Check Box(es) that Apply:	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual	)							
Business or Residence Address (Number	and Street, City, State, Zip Code)		-					
Check Box(es) that Apply: Pr	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual	)							
Business or Residence Address (Number	and Street, City, State, Zip Code)							
Check Box(es) that Apply:	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual	)							
Business or Residence Address (Number	and Street, City, State, Zip Code)							
Check Box(es) that Apply:	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual	)							
Business or Residence Address (Number	and Street, City, State, Zip Code)		****					
Check Box(es) that Apply: Pr	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual	)							
Business or Residence Address (Number	and Street, City, State, Zip Code)							
Check Box(es) that Apply: Pr	omoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual	)							
Business or Residence Address (Number	and Street, City, State, Zip Code)							
* Managing Member ** Managing Director								
1								

					B. IN	FORMAT	ION ABOU	T OFFERI	NG		_			
1 1	Has the issuer	isold or d	loes the issu	er intend to									YES	NO
				Answer als	so in Appen	dix, Column	2, if filing u	ınder ULOE	}					
	What is the m *The Genera				_		dual?		• • • • • • • • • • • • • • • • • • • •			·····	\$ 5,000,	000*
	THE GUILLI		10301 703 0	ne right to	иссере ю не	a uniounio.							YES	NO
3. 1	Does the offer	ring permi	t joint own	ership of a s	ingle unit?		***************************************						$\boxtimes$	
4.	Enter the infosimilar remui	ormation peration for	requested to or solicitation	or each per on of purcha	son who hausers in com	s been or w nection with	sales of sec	or given, di urities in th	rectly or in e offering.	directly, ar	to be listed	ion or I is an		
	associated pe dealer. If mo													
	for that broke	r or dealer	r only.			ciated person		DIOKEI OI G		nay see for		ilation		
Full Na NA	ame (Last nar	ne first, if	individual)											
	ss or Residen	ce Addres	s (Number	and Street,	City, State,	Zip Code)	<u></u>					-		
Name	of Associated	Broker o	r Dealer											
States i	n Which Pers	on Listed	Has Solicit	ed or Intend	ls to Solicit	Purchasers			_	-				
	(Check ".	All States'	or check in	ndividual St	ates)		•••••				🔲 Ai	ll States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[JL] [MT]	[IN] [NE]	[IA]   [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	້[ບາງ]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]		
Full Na	me (Last nan	e first, if	individual)											
	<del></del>			10	- a: a:	1	<del> </del>							
Bus	iness or Resid	dence Ado	iress (Numb	er and Stre	et, City, Stat	te, Zip Code	)							
Non	ne of Associa	ted Proka	r or Doolor				_							
Ivai	iic of Associa	i Dioke	i oi Dealei											
State	s in Which P	erson List	ed Has Solie	cited or Inte	nds to Solic	it Purchaser	<u> </u>		<del></del>					
	"All States" of	1									Паі	l States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Last nar	ne first, if	individual)							_				
		1												
Bu	siness or Res	idence Ad	dress (Num	ber and Stre	et, City, Sta	ite, Zip Code	e)			-				. **
			`			, .	,							
Na	me of Associ	ated Brok	er or Dealer											* ***
	01 7 153001		er or Bearer											
State	s in Which P	erson List	ed Has Solid	cited or Inte	nds to Solic	it Purchaser	s							<del></del>
	k "All States											All States	s	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MC [PA]	_	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the				
	columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price		Amount Already Sold
	Debt	\$	-0-	\$	-0-
	Equity	\$	-0-	\$	-0-
	Common Preferred		<del></del> .		
	· · · · · · · · · · · · · · · · · · ·	\$	-0-	\$	-0-
	· · · · · · · · · · · · · · · · · · ·	\$	600,000,000	\$	222,000,000
	Other (Specify)	\$	-0-	\$	-0-
	Total	\$	600,000,000	\$	222,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero."				Aggregate
	Accredited Investors		Number Investors 16	\$	Dollar Amount of Purchases 222,000,000
	Non-accredited investors		-0-	\$	-0-
	Total (for filings under Rule 504 only)		NA	\$	NA
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				<b></b>
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		NA	\$	NA
	Regulation A		NA	\$	NA
	Rule 504		NA	\$	NA
	Total		NA	\$	NA
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees.		🏻	\$	-0-
	Printing and Engraving Costs		=	_	-
			_	\$	47,000
	Legal Fees			\$	659,000
	Accounting Fees.		E-3	\$	-0-
	Engineering Fees.			\$	-0-
	Sales Commissions (specify finders' fees separately)			\$	-0-
	Other Expenses (identify) <u>travel and misc.</u>	• • • • • • • • • • • • • • • • • • • •	🖂	\$	394,000
	Total	••••	×	\$ 1	,100,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Indicate below the amount of the adjust purposes shown. If the amount for any	eted gross proceeds to the issuer used or proposed to be used purpose is not known, furnish an estimate and check that so listed must equal the adjusted gross proceeds to the experience.	sed for each of the e box to the left of	\$ 598,900,000
		Payments to Officers Directors & Affiliates	Payments to Others
Salaries and fees			S -0-
Purchase of real estate			S0-
Purchase, rental or leasing and installati	on of machinery and equipment		⊠ s -0-
Construction or leasing of plant building	gs and facilities		⊠ s -0-
	ng the value of securities involved in this		
offering that may be used in exchange for		₩.	<b>⊠</b> .
			<u>\</u>
Repayment of indebtedness			\$0
Working capital		<u>\$ -0-</u>	\$0
Other (specify) Portfolio Investments		<u> </u>	\$ 598,900,000
			⊠ s -0-
			\$ 598,900,000
Total Payments Listed (column totals ac	lded)		598,900,000
	D. FEDERAL SIGNATURE		
	ned by the undersigned duly authorized person. If this not S. Securities and Exchange Commission, upon written red b)(2) of Rule 502.		
er (Print or Type)	Signature	Date 06/13/0	, c
lyle Realty Qualified Partners IV, L.P.	( from the	11 06/12/0	/ <i>)</i>
ne (Print or Type)	Title of Signer (Print or Type)	/	
niel A. D'Aniello	The Managing Director of TCG Holdings, LI	I.C.	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).